PATENT APPLICATION FEE DETERMINATION RECORD									· · · · · · · · · · · · · · · · · · ·			
Effective December 8, 2004									10/543136			
CLAIMS AS FILED - PART I								SMALL EN	τιτΥ ΄		OTHER	THAN
L			(Column 1) (Column 2)			_	TYPE		OR			
U.S. NATIONAL STAGE FEES								RATE	FEE	}	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300		BASIC FEE		OR	Basic fee	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100			ther situations = 100 / \$ 200		EXAM. FEE	<u></u>		EXAM. FEE	ZW
SEARCH FEE			U.S. is ISA = \$ 50 / \$ 100 ALL other countries = . \$ 200 / \$ 400			thef situations = 250 / \$ 600		SEARCH FEE			SEARCH FEE	40
FEE FOR EXTRA SPEC, PGS.			minus 100 =			/ 50 =		X \$ 125 =	**]	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			## minus 20 =		• (<u>8</u>		X \$ 25 =		OR	X \$ 50 =	100
INDEPENDENT CLAIMS			aminus 3 = .					X \$ 100 =		OR	X \$ 200 =	
		DENT CLAIM PRE						+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	L	OR	TOTAL	L
A.	CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENTSE	7/25/05	CLAMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 28	Minus .	" 2	8	-		X \$ 25 =		OR	X \$ 50 =	
	Independent	· 2	Minus	- 6	<u>3 </u>	= /		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] [+\$ 180 =	<u> </u>	OR	+\$ 360 =	
TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE FEE												
		(Column 1)	•	(Colum	m 2)	(Column 3)						
48	·	CLARAS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT 8	Total		Minus					X \$ 25 =		OR	X \$ 50 =	
AME	Independent	•	Minus *	44		æ.		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESI	ENTATION OF MIL	JLTIPLE DEPEN	DENT C	LAIM			+\$ 180 =		OR	+\$360=	
TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE												
												ł
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.												
** If the "Highest Humber Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												
		ber Previously Paid I					i in the	appropriate box	in column 1.	•		

FORM PTO-875 (FLev. 02/2005)

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